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Commission on the Status of Women
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Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives

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The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

* E/CN.6/2006/1.

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Statement

The Commission on the Status of Women (CSW) will review the thematic issue of "Enhanced participation of women in development: an enabling environment for achieving gender equality and the advancement of women, taking into account, inter alia, the fields of education, health and work", at its 50th session from 27 February to 10 March 2006. In that context, we would especially like to highlight the need to ensure the sexual and reproductive health (SRH) and rights of all women affected by HIV/AIDS as an essential contribution to enabling women around the world to achieve gender equality and development for themselves and their families. These women include (but are not restricted to) adults and adolescents who have been infected with HIV and women who engage in sex work as a means of ensuring their own and their families' survival.

Until very recently, the majority of HIV programs related to women and AIDS focused on preventing perinatal transmission (PPT) of HIV, rather than on women's universal needs for basic SRH services. While efforts to reduce risks of perinatal transmission must certainly continue, we should acknowledge that most PPT programs have considered women mainly as vectors of disease. Insufficient attention has been given to expanding access to effective voluntary HIV counseling and testing for all women, whether they are pregnant or not. Greater attention must be given to the development and distribution of affordable technologies that can prevent HIV infection, particularly in women. SRH and HIV programs must both address the links between HIV/STI infection and unintended pregnancy as outcomes of unprotected and non-consensual sex.

To more effectively combat the effects of the AIDS epidemic, SRH and HIV/AIDS programs should provide unbiased and respectful diagnostic and treatment services that will ensure HIV-positive women's wellbeing, whether they are pregnant or not. Antiretroviral therapy programs must be gender-sensitive, ensuring that women and men have equal access to steady drug supplies; women's access must not be inhibited because drugs are only available through PPT programs or because attendant costs (for example, for CD4 counts and viral load tests) are unaffordable.

High numbers of women and girls suffer sexual assault, both within and outside marriage and in the context of sex work. Such rapes put them at risk of both HIV/STI infection and unwanted pregnancies. Much greater efforts are needed to expand access to post-exposure prophylaxis for rape survivors, as well as STI diagnosis and treatment and availability of emergency contraception for female survivors of assault.

The development of policy statements and service guidelines on sexual and reproductive health should include representatives of HIV-positive women's networks, including younger women, so as to benefit from their personal insights and experiences. SRH and HIV policy statements and service guidelines should at the least include the following elements:

- An emphasis on the human rights of women living with, and affected by, HIV/AIDS. This includes freedom from discrimination in the provision of health services and recognition that coercion or pressure on HIV-positive women to undergo sterilization or terminate pregnancies is a clear violation of their rights.
- An emphasis on giving adolescent and adult women, including those who are HIV-positive and/or sex workers, nonjudgmental information and services tailored to their needs and in a manner which is easily accessible to them.
- A range of high-quality services including: comprehensive contraceptive services geared at both preventing HIV/STI transmission and avoiding unintended pregnancy; antenatal, perinatal and postnatal care, when requested, both for woman and baby; postabortion care and measures to ensure women's access to safe, legal abortions when requested; antiretroviral therapy and drugs to treat opportunistic infections; and diagnosis and treatment of reproductive tract infections.
- Employment of women living with HIV in prevention and voluntary HIV counseling and testing programs as paid staff rather than as unpaid volunteers.

In addition, governmental bodies, NGOs and universities must promote capacity-building and skills-building for women affected by and living with HIV/AIDS so that they can participate meaningfully in advocacy and policymaking. These measures will help us achieve the promised development envisioned in the Beijing Platform for Action and the Millennium Development Goals on empowering women and advancing gender equity, reducing maternal mortality, and combating HIV/AIDS.